

the Board described in (b), (c), and (d) in the above paragraph shall serve for a term of 3 years, except that the Secretary may adjust the terms of the initial Board appointees in order to provide for a staggered term of appointment of all members. Members who are not fulltime or permanent part-time federal employees shall be appointed by the Secretary as Special Government Employees.

Dated: June 28, 2013.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-13-0255]

**Agency Information Collection Activities; Proposals, Submissions, and Approvals**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Leroy Richardson, at 1600 Clifton Road, MS D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the

proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Resources and Services Database of the CDC National Prevention Information Network (NPIN) (OMB No. 0920-0255 exp. 1/31/2014)—Extension—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP's mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

The NPIN Resources and Services Database contains entries on approximately 9,000 organizations and

is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 56 million hits by the public to the Web site are recorded annually.

To accomplish CDC's goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 500 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the Internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN Web site. The breakdown of the total annualized burden hours by survey instrument is as follows:

Initial Questionnaire Telephone Script—600 respondents with one response each (120 Registered Nurses—20 minutes; 20 Social and Community Service Managers—10 minutes; 20 Health Educators—13 minutes; and 120 Social and Human Service Assistants—15 minutes), for a total of 152 burden hours

Telephone Verification—7,200 respondents with one response each (1,200 Registered Nurses, 600 Social and Community Service Managers, and 600 Health Educators—10 minutes; and 4,800 Social and Human Services Assistants—9 minutes) for a total of 1,120 burden hours

Email Verification—3,600 respondents with one response each (600 Registered Nurses, 300 Health Educators, and 2,400 Social and Human Services Assistants—10 minutes); and 300 Social and Community Service Managers—12 minutes) for a total of 610 burden hours. This request is for 3-years. There are no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Initial Questionnaire Telephone Script.	Registered nurses .....	100	1	20/60	33
	Social and community service managers .....	50	1	10/60	8
	Health educators .....	50	1	13/60	11
	Social and human service assistants .....	400	1	15/60	100
Telephone Verification .....	Registered nurses, Social and community service managers, and Health educators.	2,400	1	10/60	400
	Social and human service assistants .....	4,800	1	9/60	720
Email Verification .....	Registered nurses, Health educators, and Social and human service assistants.	3,300	1	10/60	550

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	Social and community service managers .....	300	1	12/60	60
TOTAL .....	.....	.....	.....	.....	1,882

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-10316]

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by August 5, 2013.

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier

or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974 OR Email: *OIRA\_submission@omb.eop.gov.*

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*
3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** Reports Clearance Office at (410) 786-1326.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal Agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Implementation of the Medicare Prescription Drug Plan

(PDP) and Medicare Advantage (MA) Plan Disenrollment Reasons Survey; *Use:* This data collection complements the satisfaction data collected through the Medicare Consumer Assessment of Healthcare Providers and Systems survey by providing dissatisfaction data in the form of reasons for disenrollment from a Prescription Drug Plan. The data collected in this survey can be used to improve the operation of Medicare Advantage (MA) (both MA and MA-PD) contracts and standalone prescription drug plans (PDPs) through the identification of beneficiary disenrollment reasons. Plans can use the information to guide quality improvement efforts. The data can also be used by beneficiaries who need to choose among the different MA and PDP options. To the extent that these data identify areas for improvement at the contract level they can be used for contract oversight. *Form Number:* CMS-10316 (OCN: 0938-1113); *Frequency:* Yearly; *Affected Public:* Individuals or households; *Number of Respondents:* 88,492; *Total Annual Responses:* 88,492; *Total Annual Hours:* 22,887. (For policy questions regarding this collection contact Sai Ma at 410-786-1479.)

Dated: June 28, 2013.

**Martique Jones,**  
*Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifiers: CMS-10171, CMS-10207, CMS-10476 and CMS-855(C)]

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

**ACTION:** Notice.